

STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3rd FLOOR
PO BOX 83720
BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY

1025 _____

CONTINUATION FEE STATEMENT
COUNTY MUTUAL & FRATERNAL FIRE INSURERS

C/A NO.	NAIC NO.	
COMPANY NAME		
MAILING ADDRESS		DOMICILE STATE

The following is due on or before March 1, 2006, pursuant to provisions of IDAPA 18.01.44.03.a.iv.

Annual Continuation Fee: \$ **500.00**

Make your check payable to: **Idaho Department of Insurance**.
There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105
Your canceled check is your receipt.

Date

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Telephone Number Ext.

Signature

Name (Type or Print)

Title